## P09000049541

(Re	equestor's Name)	<del>-</del>	
(Ad	dress)		
(Ad	ldress)		
(Cit	ty/State/Zip/Phone	#)	
PICK-UP	☐ WAIT	MAIL	
(Bu	siness Entity Name	e)	
(Document Number)			
Certified Copies	_ Certificates	of Status	
Special Instructions to	Filing Officer:		

Office Use Only



900238808849

08/23/12--01012--008 \*\*35.00

TIVISION OF CORPORATIONS

12 AUG 23 PM 2: 29

Diss. W/Notice

AUG 2 4 2012

T. BROWN

## **COVER LETTER**

TO: Amendment Section

Division of Corporations
SUBJECT: Dissolution of E.S. Courses, Inc.
DOCUMENT NUMBER:
The enclosed Articles of Dissolution and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Elaine Souza
(Name of Contact Person)
(Firm/Company) 49 No Federal Hahway, #182  Pompano Beach FL 33062  (City/State and Zip Code)
For further information concerning this matter, please call:
Elaine Souza at 954, 709 8463 (Name of Contact Person) (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:  \$\int \\$35 \text{Filing Fee} \bigset \\$43.75 \text{Filing Fee} & \bigset \\$43.75 \text{Filing Fee} & \bigset \\$52.50 \text{Filing Fee}, \\ Certificate of Status & Certified Copy (Additional copy is enclosed) (Additional copy is enclosed) .
MAILING ADDRESS: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314  STREET ADDRESS: Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle

Tallahassee, FL 32301

## ARTICLES OF DISSOLUTION

Pursuant to section 607.1403, Florida Statutes, this Florida profit corporation submits the following articles of dissolution:

FIRST:	The name of the corporation as currently filed with the Florida Department of E.S. COLUCSES, VOC.	State:	
SECOND: THIRD:	The document number of the corporation (if known):  The date dissolution was authorized:  Effective date of dissolution if applicable:  (no more than 90 days after dissolution file.)	ile date)	
FOURTH:	Adoption of Dissolution (CHECK ONE)  Dissolution was approved by the shareholders. The number of votes cast for dissolution was sufficient for approval.  Dissolution was approved by the shareholders through voting groups.  The following statement must be separately provided for each voting group entitled to vote separately on the plan to dissolve:  The number of votes cast for dissolution was sufficient for approval by		
	Signature:  Clamb Source  (By a director, president or other officer - if directors or officers have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary)  Elame Source  (Typed or printed name of person signing)  President  (Title of person signing)	SECRETARY OF STATE ISION OF CORPORATION: 2 AUG 23 PM 2:29	

Filing Fee: \$35

## **Notice of Corporate Dissolution**

This notice is submitted by the dissolved corporation named below for resolution of payment of unknown claims against this corporation as provided in s. 607.1407, F.S.

This "Notice of Corporate Dissolution" is optional and is not required when filing a voluntary dissolution.

Name of Corporation: L. S. COUYSES, Inc.

Date of dissolution will be the date the dissolution is filed with the Department of State or as specified in the *Articles of Dissolution*.

Description of information that must be included in a claim:

business name, address, and telephone number invoice including date, location of transaction, items billed, cost of goods

Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)

Elaine Souza. ES Courses, Inc. 49 N. Fed. Hwy, 182 Pompano Beach FL 33062

A claim against the above named corporation will be barred unless a proceeding to enforce the claim is commenced within 4 years after the filing of this notice.

Elaine Souza

Printed Name of the Person Filing

Clame Sousa

Fee: No charge if included with Articles of Dissolution. If filed separately \$35.00